

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



RECEIVED



*03 FEB -7 MD:03

STARE CERTAINS STON

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)										
PART I LOBBYIST										
NAME(Last)	(First)	(Middle)	TELEPHONE							
Wong	Oursides A.C.	•	1							
vvong	Sandra-Ann	Y.H.	(808) 537-2598							
MAILING ADDRESS (Street)	The state of the s		FAX							
,			(808) 537-2598							
1050 Bishop Street, #514			(000) 007 2000							
(City)	(State)	/7:								
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Honolulu	Hawaii	96	813							
CIACLOVINO ODGANIZATION (TWO										
EMPLOYING ORGANIZATION (Fill in or	nly if you are employed by a business e	entity which has been retained to lobby)	TELEPHONE							
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MAILING ADDRESS (Street)			FAX							
(City)	(State)	(Zip	(Zip Code)							
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PART II ORGANIZATION										
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Hess Microgen, LLC										
MAILING ADDRESS (Street)			FAX							
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12 Industrial Parkway			(775) 884-,3417							
(City)	(State)	(Zip	Code)							
Orman Oit	.		•							
Carson City	NV	897	706							
NAME OF PERSON RESPONSIBLE FOR	R PREPARING ORGANIZATION'S E	XPENDITURES STATEMENT	TELEPHONE							
Sandra-Ann Y.H. Wong			(775) 884-1000							
MAILING ADDRESS (Street)			FAX							
1050 Bishop Street, #514			(775) 884-3417							
(City)	(State)	(Zip	Code)							
Honolulu	HI	968	13							

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[X]	Communications & Public Utilities	[]	Government Operations & Finance	[]	Intergover	rnmental Relations	, []	Economic Development Tourism & Recreation	
[]	Consumer Protection & Commerce	[]	Hawaiian Affairs	[]	Internation Labor & E	mai Affairs Employment	[]	Transportation	
[]	Culture, Arts, Historic Preservation	[]	Health	[]		Land & Water	[]	Other: (indicate below)	
[]	Ecology, Energy Environmental Protection	[]	Housing	ſ 1	Use Mana Public Saf	agement fety & Corrections		,	
	Environmental Protection								
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	hereby certify that th	e inform	nation furnished above	is, to	the best o	of my knowledg	je, corre	ct and complete.	
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PAR	T V AUTHORIZATI	ON TO	LOBBY	,					
NAME		 	**************************************	TI	TLE OF AUT	THORIZING OFFI	CER OR F	PERSON REPRESENTED	
	hn Douglas								
301	III Douglas			Pī	esident				
NAME	OF ORGANIZATION (if a	pplicable))	· · · · · · · · · · · · · · · · · · ·		1	TELEPHO	NE	
Hes	ss Microgen, LLC						(775	5) 884-1000	
MAILING ADDRESS (Street)					FAX	797 V. A. H. A. M.			
12 li	ndustrial Parkway						(77	5) 884-3417	
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	(City)		(State)			(Zip CC	Jucy		
Car	rson City		(State) NV			(Zip CC 89706	ŕ		
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l hen	rson City	3.1	NV son to engage in lobbying ac	tivities	on behalf of	89706	ŕ		